

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT

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TO: CSBG Service Providers

SUBJECT: 2011 Community Services Block Grant (CSBG) Targeted Initiatives and Innovative Projects Request for Application (2011-RFA-23)

DATE: March 4, 2011

The Department of Community Services and Development (CSD) is announcing the release of a Request for Application (RFA) for Targeted Initiatives and Innovative Projects. This solicitation is to make funds available to California CSBG Service Providers to support targeted initiatives or innovative projects that benefit low-income individuals, families and communities. The completed application is due to CSD **by 4:00 P.M. on April 4, 2011.**

Read the application package in its entirety. To ensure the funds are encumbered by June 30, 2011 and to minimize any delays on your behalf the application also contains the contract work plan forms to be submitted with the application and a resolution template. The contract work plan forms will not be scored but must be returned with your agency's application. If your agency's proposal is awarded, the contract work plan along with the other contract documents submitted with the proposal will be incorporated with the discretionary contract.

The 2011 CSBG RFA for Targeted Initiatives and Innovative Projects are available for download via the CSD web site at www.csd.ca.gov under "CSD Contractors'>CSBG>Announcements>2011 CSBG RFA for Targeted Initiatives and Innovative Projects (2011-RFA-23)".

Submit any questions regarding the submission of the application to csbgrfa@csd.ca.gov or contact Leslie Taylor at LTaylor@csd.ca.gov or (916) 576-7192.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Harrison".

Pamela Harrison, Chief
Community Services Division

Enclosures



State of California
Department of Community Services
and Development

Request for Application (RFA)
for
Community Services Block Grant (CSBG)
Targeted Initiatives and Innovative Projects

2011-RFA-23

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Department of Community Services and Development
2011 Community Services Block Grant (CSBG) Request for Application (RFA)

PART A: General Information

Background	The Department of Community Services and Development (CSD) administers the U.S. Department of Health & Human Services Community Services Block Grant (CSBG) and is the State-level partner with a network of local community service providers (both public and private nonprofit organizations) throughout the State dedicated to assisting low-income Californians in achieving self-sufficiency. CSBG is designed to provide a range of services to assist low-income families and individuals in attaining the skills, knowledge and motivation necessary to achieve self-sufficiency. CSBG also provides low-income people with immediate life necessities to mitigate obstacles to achieving self-sufficiency. Federal law allows 5% of CSBG allocated funds to be used at the discretion of the state in accordance with federal law.
RFA Purpose	The purpose of the Request for Application (RFA) is to make funds available to California CSBG eligible entities to support targeted initiatives or innovative projects. The overall intended benefits of the projects are to strengthen local service providers and provide the opportunity to implement programs that benefit low-income individuals, families and communities. The projects should demonstrate and document strong partnerships, self-sustainability, and historical success.
RFA Funding Amounts	CSD announces the availability of \$1,000,000 in CSBG Discretionary Funds. Agencies may submit one (1) application that addresses one (1) category for this funding up to a maximum of \$100,000.
Eligibility	Applicants are limited to CSBG eligible entities. Applications may include provision to subcontract with other entities.
Eligible Population	The population served must meet the poverty income guidelines for the CSBG program. The State CSBG poverty income guidelines are 100% of the most recent poverty income criterion published by the U.S. Department of Health and Human Services. Documentation of participant income eligibility must be collected and retained by the applicant.
Outcomes	Projects funded with CSBG discretionary funds must contribute to the achievement of one or more of the following goals: <ul style="list-style-type: none">• Low-income people become more self-sufficient• The conditions in which low-income people live are improved• Low-income people own a stake in their community• Partnerships among supporters and providers of services to low-income people are achieved

- Agencies increase their capacity to achieve results
- Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments

Funding Restrictions

Funds must be used to provide services and activities having a measurable impact on the causes and effects of poverty. Funds cannot be used for the purchase or improvement of land or the purchase, construction, or permanent improvement of any building or other facility.

RFA Timeline

The following projected timeline will be used in the application process to select and award contracts:

RFA Released	March 4, 2011
Final Date for Application Submission	April 4, 2011
Evaluation Period Ends	April 15, 2011
Notice of Awardees Posted	April 18, 2011
Contracts Mailed to Awardees	April 25, 2011
Contracts Due Back to CSD	May 25, 2011
Contract Term	June 1, 2011 through June 30, 2012
<i>All contracts must be executed by June 30, 2011.</i>	

Submission Instructions

All applications must be received by 4:00 p.m. on April 4, 2011. Applications may be delivered by a mail service or in person. Each applicant must submit one (1) original and three (3) copies of the application:

Mail Delivery	In Person Delivery
2011 CSBG Targeted Initiatives Attn: Leslie Taylor, PDTs Manager Department of Community Services and Development P.O. Box 1947 Sacramento, CA 95812-1947	2011 CSBG Targeted Initiatives Attn: Leslie Taylor, PDTs Manager Department of Community Services and Development 2389 Gateway Oaks Drive, Ste.100 Sacramento, CA 95833

All applications, whether mailed or hand delivered, must be received by CSD by 4:00 p.m., April 4, 2011. Applications received after this time and date will not be reviewed.

Please note: CSD strongly encourages applicants to provide ample time for delivery of application packets.

RFA Contact

Please submit questions to csbgrfa@csd.ca.gov or contact Leslie Taylor at (916) 576-7192.

RFA Project

Applicants may only submit one (1) application that addresses only one (1) of the five (5) categories. Applications that address more than one (1) category will not be reviewed.

Foster Youth Development

Applications that will be considered within Foster Youth Development include:

- Mentoring
 - Employment training
 - Gang prevention programs
 - Leadership development
 - Teen pregnancy prevention
 - Recidivism prevention
 - Re-entry services
 - Safe and affordable housing
 - Homeless prevention
 - Emancipation
 - Education
 - Independent living attached with education and/or employment services
 - Rental assistance attached with education and/or employment services
-

Youth Development

Applications that will be considered within Youth Development include:

- Mentoring
 - Employment training
 - Gang prevention
 - Leadership development
 - Teen pregnancy prevention
 - Recidivism prevention
 - Re-entry services
 - Homeless prevention
 - Education
 - Independent living attached with education and/or employment services for emancipated youth
-

Employment

Applications that will be considered within Employment include:

- Employment training
 - Employment placement
-

Food and Nutrition

Applications that will be considered within Food and Nutrition include:

- Community agriculture
 - Education and outreach of food benefit programs
 - Obesity prevention
-

Innovation

Applications must demonstrate and document the project outcomes that will result in the elimination of poverty and the promotion of self-sufficiency for the targeted population.

PART B. Application Information

Information

The application must be submitted with a cover letter prepared on agency letterhead and signed by the agency representative authorized to act on behalf of the agency. All materials requested must be submitted with the application. Applying for a CSD competitive discretionary grant begins with the submission of an application that includes each of the documents listed on the Application Checklist. It must also identify the project manager (name, title, phone number and email address). Be sure to clearly identify the RFA project category of focus.

Application Format

Applications should be prepared single-sided, double-spaced, using standard size (8 ½" X 11") white paper, one-inch margins, no type smaller than twelve (12) points and double spaced. ***The Application Narrative must not exceed ten (10) pages.***

The ten (10) page limitation does not include the cover letter, work plan, budget forms, budget narrative, and other agency operating funds, lobbying forms, resolution or organizational chart.

Required Documents

In addition to the narrative application, applicants are to complete and submit a Cover Letter, Project/Program Budget, a completed Discretionary Contract Work Plan (CSD 626), a signed Certification Regarding Lobbying, and Board Resolution (see sample). These documents are required to prevent delays with processing the contract. If your proposal is selected for funding, each of the documents will be incorporated into your contract by CSD staff before it is mailed to your agency for signing. This is to mitigate any delays in the execution of the contract.

Evaluation Criteria

Each application will be thoroughly reviewed for completeness and adherence to the requirements outlined in this RFA. Points will be assigned to each section of the evaluation criteria detailed in the Application Narrative. Each section has a maximum point value. The entire Application Narrative has a maximum of 110 points.

Appeal Process

All funding decisions are made at the sole discretion of CSD. There is no appeal process.

PART C: Application Narrative

The maximum points available for the Application Narrative are 110 points. Listed below are maximum points that can be earned for each section and the information that each section must contain. The Application Narrative is limited to ten (10) pages.

Application Section	Application Narrative	Maximum Possible Points
Project/Program Description	Describe the proposed project/program. At a minimum address the following: <ul style="list-style-type: none"> • Need in the service area • Nature and extent of the problem to be addressed • How the problem or needs were identified • Population/target group to be served • Projected number to be served • Target area • Types of services to be provided 	20
Project/Program Objectives & Outcomes	Describe the objectives and proposed outcomes of the project/program. At a minimum address the following: <ul style="list-style-type: none"> • Objectives which are clear, measurable and obtainable • Outcomes which are clear, measurable, and obtainable (For example: 20 participants will receive on the job training in culinary skills and 15 of those participants will obtain a job in the culinary field by June 1, 2012.) • How the agency will verify the achievement of the outcomes • How the agency documents the achievement of the outcomes • How data is collected and recorded 	25
Project/Program Delivery Strategies	Describe the delivery strategies to be utilized for the proposed project/program. At a minimum address the following: <ul style="list-style-type: none"> • Assessment and screening process • Whether agency will provide direct services and/or use subcontractors • Describe how participants are qualified for case management • Describe what services will be subcontracted • Describe follow-up and monitoring to be conducted with participants • Frequency of follow up and monitoring of participants 	20
Partnerships	Describe the partners (including subcontractors) that will assist in accomplishing the outcomes of the proposed project/program. At a minimum address the following: <ul style="list-style-type: none"> • All collaborative partners • Roles, responsibilities, and a description of how the roles 	10

	<p>will be coordinated to promote project/program effectiveness</p> <ul style="list-style-type: none"> • Linkages and referral services that will be utilized to refer program participants • Types of services to be referred and the organization that clients will be referred to • How the referrals will be conducted • How the referrals to partner agencies will be documented and outcomes recorded • Description of direct services the agency will provide • Letters of support from collaborative partners 	
Project/Program Timeline	<p>Provide a timeline of how the program will be accomplished within twelve (12) months. At a minimum address the following:</p> <ul style="list-style-type: none"> • Significant phases that include the beginning, operational and final phases • Sustainability of the program after the end of the discretionary grant funds 	15
Project/Program Budget	<p>Complete the budget forms and a budget narrative to support the proposed budget. At a minimum address the following:</p> <ul style="list-style-type: none"> • Budget is reasonable to accomplish the outcomes of the program • Narrative is detailed and provides a clear description of how the funds for each line item will be used 	10
Risk Assessment	<p>Describe identified risks within the past three (3) years. At a minimum address the following:</p> <ul style="list-style-type: none"> • CSD open monitoring findings • CSD contractual compliance to include timely programmatic and expenditure reporting • Questioned costs (i.e., outstanding/unresolved CSD audit issues) 	10

**Proposal
Stack Order**

See the Attachments and Stack Order checklist to assemble in order all the required documents for submission.

**RFA
Attachments
(Listing)**

Attachment	Document Name
A	Budget Forms
B	CSD 626 Work Plan and Instructions
C	Board Resolution (Sample)
D	Certification Regarding Lobbying Forms
E	CSBG Income Poverty Guidelines

**2011 CSBG Discretionary Targeted Initiatives
Application Stack Order Checklist**

The proposal narrative and attachments must be assembled in the order listed below.

Check each box when completed:

- ☐ Cover letter on agency letterhead signed by agency representative authorized to commit the agency to conduct the project/program, if approved for funding. Cover letter identifies the project/program manager (name, title, phone number and email address). Be sure to clearly identify the RFA project category of focus.
- ☐ Organizational chart
- ☐ Application Narrative – Not to exceed ten pages, single side, 8 ½" x 11" white paper, one-inch margins, and double-spaced.
 - Project/Program Description
 - Project/Program Objectives and Outcomes
 - Project/Program Delivery Strategies
 - Partnerships
 - Project/Program Timeline
 - Project/Program Budget
 - CSD 627 Budget Summary
 - CSD 627A Budget Support Personnel
 - CSD 627B Budget Support Non Personnel
 - Budget Narrative
 - Risk Assessment

**REQUIRED ATTACHMENTS FOR INCORPORATION INTO CONTRACT IF AWARDED
(Not Scored)***

- ☐ Discretionary Contract Work Plan (CSD 626)
- ☐ Board Resolution
- ☐ Certification Regarding Lobbying (signed)

*Budget Forms will be incorporated into the contract if awarded; however, these items are scored as part of the Application Narrative evaluation process.

ATTACHMENT A

Budget Forms

CSBG Disc. Contract Budget
Summary
CSD 627

ATTACHMENT I
CSBG DISCRETIONARY (Disc.) CONTRACT BUDGET SUMMARY

Contractor Name:	Contract Number:	Contract Amount:
Prepared By:	Contract Term:	Amendment #:
Telephone #:	Fax Number:	
Date:	E-mail Address:	

SECTION 10: ADMINISTRATIVE COSTS

Line Item	Description	CSBG Disc. Funds (rounded to the nearest dollar)
1	Salaries and Wages	
2	Fringe Benefits	
3	Operating Expenses	
4	Equipment	
5	Out-of-State Travel	
6	Subcontractor Services	
7	Other Costs:	
Subtotal Section 10: Administrative Costs (cannot exceed 12% of the total CSBG Disc. allocation in Section 40)		

SECTION 20: PROGRAM COSTS

Line Item	Description	CSBG Disc. Funds (rounded to the nearest dollar)
1	Salaries and Wages	
2	Fringe Benefits	
3	Operating Expenses	
4	Equipment	
5	Out-of-State Travel	
6	Subcontractor Services	
7	Other Costs:	
Subtotal Section 20: Program Costs		

SECTION 40: Total CSBG Disc. Budget Amount (Sum of Subtotal Sections 10 and 20)	
SECTION 70: CSBG Disc. Funds Administrative Percent (Section 10 divided by Section 40)	
SECTION 80: Enter "Other Agency Operating Funds Used to Support CSBG Disc." (INFORMATION ONLY)	
SECTION 90: Agency Total CSBG Disc. Operating Budget (Sum of Sections 40 and 80) (INFORMATION ONLY)	

INSTRUCTIONS

ATTACHMENT I

CSBG Discretionary (Disc.) CONTRACT BUDGET SUMMARY CSD 627 (Rev 3/2011)

Enter the identifying information requested at the top of the report form: contractor's name, contract number, contract amount, contract term, and amendment number (*if applicable*). Enter the preparer's name, telephone number, fax number, date, and e-mail address.

SECTION 10: ADMINISTRATIVE COSTS:

Any Costs directly related to the administration of the CSBG Disc. contract.

Lines 1 through 7: Enter the total CSBG Disc. amount budgeted for each line item.

1. Salaries & Wages
Provide the total dollar amount of salaries and wages dedicated to staff performing administrative duties. Includes all payments made to administrative staff, permanent or temporary, as well as all regular and overtime pay, as approved by the contract authority.
2. Fringe Benefits
Provide the total dollar amount of fringe benefits for staff performing administrative duties. Include all payments made in accordance with approved payroll benefit programs. This includes retirement/pension plans and various other forms of insurances related to employee compensation such as disability, life, health and unemployment. Additionally, payroll taxes, workers' compensation, disability insurance, sick leave and accrued vacation should be included.
3. Operating Expenses
Provide the total dollar amount for all administrative operating expenses related to CSBG Disc. program. All items must be listed on the CSD 627B budget support-non personnel cost form. Examples of administrative operating expenses include:
 - In-state travel costs
 - Building costs (such as rental & lease fees)
 - Consumable supply costs
 - Utility costs
 - Administrative operating costs (such as telephones, building alarms, maintenance, etc)
 - Supply costs (such as printing, duplication, postage, etc)
 - Insurance costs not related to personnel insurance costs
 - Additional fees related to the administration of the CSBG Disc. Program (such as staff trainings, membership dues, costs incurred due to Board meetings, subscriptions, etc)
 - Funds spent on contractor/consultant services to meet administrative needs in this area
4. Equipment
Provide the total dollar amount for all administrative equipment expenses related to CSBG Disc. program. Examples of administrative equipment expenses include:
 - All equipment/lease purchases dedicated to administrative needs

INSTRUCTIONS

ATTACHMENT I CSBG Discretionary (Disc.) CONTRACT BUDGET SUMMARY CSD 627 (Rev 3/2011)

List all Equipment/Lease costs on the CSBG Discretionary Budget Support – Non Personnel Cost CSD 627B with the detailed information.

5. Out-of-State Travel

Provide the total dollar amount of travel costs, excluding personnel costs related to administrative tasks incurred during travel outside of the State of California. Complete CSBG Discretionary Budget Support – Non Personnel Cost CSD 627B with the name of the conference, location, and cost per trip.

6. Subcontractor Services

Provide the total dollar amount administered to any subcontracting agencies that provide administrative services. In addition, include any subcontractor administrative cost.

List all subcontractor costs on the CSBG Discretionary Budget Support – Non Personnel Cost CSD 627B with the detailed information. Include the subcontractor name and total amount of contract amount and/or subcontractor administrative cost.

7. Other Costs

Provide a list of all other administrative costs that do not fit in the above categories, including but not limited to any funds directed towards:

- IT Development. IT Development includes only projects in the development phases. Costs of IT projects in use should be included in Operating Expenses & Equipment above.
- Audit, Legal and Lobbying Costs: As defined by the Cost Principles in OMB Circular A-122
- Indirect Costs. The indirect cost rate is defined as the dollar value of the approved federal rate and the entire amount can be claimed as long as it is not reimbursed by another funding source. Please note that if indirect costs are reported the approved Indirect Cost Rate Plan must be submitted.

SUBTOTAL SECTION 10 (Administrative Costs): Enter the sum of line items 1 through 7 for CSBG Disc. FUNDS. (Cannot exceed 12% of the total CSBG Discretionary allocation in Section 40)

SECTION 20: PROGRAM COSTS:

Those costs incurred that are not related to the administrative costs reported above, but are directly related to the operation of the program.

Lines 8 through 14: CSBG Discretionary FUNDS: Enter the total amount budgeted for each of the line items.

1. Salaries and Wages

INSTRUCTIONS

ATTACHMENT I CSBG Discretionary (Disc.) CONTRACT BUDGET SUMMARY CSD 627 (Rev 3/2011)

Provide the total dollar amount of salaries and wages dedicated to staff performing programmatic support activities. Include all payments made to programmatic staff, permanent or temporary, as well as all regular and overtime pay, as approved by the contract authority.

2. Fringe Benefits

Provide the total dollar amount of fringe benefits dedicated to staff performing programmatic support duties. Include all payments made in accordance with approved payroll benefit programs. This includes retirement/pension plans and various other forms of insurances related to employee compensation such as disability, life, health and unemployment. Additionally, payroll taxes, workers' compensation, disability insurance, sick leave and accrued vacation should be included.

3. Operating Expenses

Provide the total dollar amount for all programmatic operating expenses linked with CSBG Discretionary programs. Include:

- In-state travel costs related to programmatic costs
- Building costs related to programmatic operation (such as rental & lease fees)
- Consumable supply costs
- Programmatic operating costs (such as telephones, building alarms, maintenance, etc)
- Programmatic supply costs (such as printing, duplication, postage, etc)
- Additional fees related to the programmatic operation of the CSBG Discretionary Program
- Funds spent on contractor/consultant services to meet programmatic needs in this area

4. Equipment

Provide the total dollar amount for all programmatic equipment expenses linked with CSBG Discretionary programs. Include, equipment/lease purchases dedicated to programmatic needs.

List all Equipment/Lease costs on the CSBG Discretionary Budget Support – Non Personnel Cost CSD 627B with the detailed information

5. Out-of-State Travel

Provide the total dollar amount of travel costs related to programmatic tasks incurred during travel outside of the State of California. Complete CSBG Discretionary Budget Support – Non Personnel Cost CSD 627B with the name of the conference, location, and cost per trip.

6. Subcontractor Services

Provide the total dollar amount (exclusive of the administrative costs reported in Section 10, Line 6) paid to any subcontracting agencies that provide programmatic services; include the subcontractor name and total amount of contract amount.

List all subcontractors services on the CSBG Discretionary Budget Support – Non Personnel Cost CSD 627B with the detailed information.

INSTRUCTIONS

ATTACHMENT I

CSBG Discretionary (Disc.) CONTRACT BUDGET SUMMARY CSD 627 (Rev 3/2011)

7. Other Costs

Provide a list of all other programmatic costs that do not fit in the categories above, including but not limited to funds directed towards:

- Direct Client Purchases. Include all direct purchases made with CSBG Disc. dollars for items designated specifically for client use.

SUBTOTAL SECTION 20 (Program Costs):

Enter the sum of line items 1 through 7 for CSBG Disc. FUNDS.

SECTION 40: Total CSBG Disc. Budget Amount:

Enter the sum of Subtotal Sections 10 and 20. The amount shall not exceed the total CSBG Disc. allocated amount (Refer to Allocation spreadsheet)

SECTION 70: CSBG Disc. Funds Administrative Percent:

Divide Section 10: Administrative Costs by Section 40: Total CSBG Disc. budget amount. This percentage cannot exceed 12% of the total CSBG Disc. allocated amount.

SECTION 80: Other Agency Operating Funds Used to Support CSBG Disc. (INFORMATION ONLY):

This information is optional, if including total other agency operating funds provide a list of the funding source and amount of funds. For public community action agencies, all funds under the administration of the advisory or administrative tripartite board should be considered as community action program operating funds.

SECTION 90: Agency Total CSBG Disc. Operating Budget (INFORMATION ONLY):

The sum of Section 40 (Total CSBG Disc. Budget Amount) and Section 80 (Other Agency Operating Funds Used to Support CSBG Disc.).

CSBG Disc. Budget Support—
Personnel Costs
CSD 627A

Enter description of Fringe Benefits. Please include the percentage of Salaries and Wages paid in Benefits. (Examples: FICA, SSI, Health Ins., Workers Comp. Etc.)		Section 10 Administrative Costs	Section 20 Program Costs
	Percentage	List CSBG Disc. funds Budgeted Line 2	List CSBG Disc. Funds Budgeted Line 9
TOTAL MUST MATCH THE AMOUNT ENTERED ON CSD 627 (BUDGET SUMMARY)			

ATTACHMENT I
CSBG Discretionary (Disc.) BUDGET SUPPORT—PERSONNEL COSTS
CSD 627A (Rev 3/2011)

Enter the identifying information requested at the top of the report form: contractor's name, contract number, Contract amount, contract term, and amendment number (*if applicable*). Enter the preparer's name, telephone number, fax number, date, and e-mail address.

ADMINISTRATIVE and PROGRAM COSTS – SALARIES AND WAGES:

Complete Section 10: Administrative Costs and Section 20 Program Costs for those costs which are directly related to CSBG Disc. contract. Provide the specific positions for the salaries and wages (Budget Summary 627) and Fringe Benefits (Budget Summary 627).

Column A: Number of Positions

Specify the number of positions for each Position Title in Column B that are directly related to the administrative (Section 10) and/or program (Section 20) costs of the CSBG Disc. contract.

Column B: Position Title

Specify the position title. Do not abbreviate.

Column C: Annual Salary for each position

Specify the total dollar amount of salaries and wages for staff performing CSBG Disc. administrative and/or program activities. Include all payments made to administrative/program staff, permanent or temporary, as well as all regular and overtime pay, as approved by the contract authority.

Column D: Percent (%) of CSBG Disc. Time allocated for each position

Specify the amount of time (in percent) for the position dedicated to the CSBG Disc. administrative and/or program activities.

Column E: Number of CSBG Disc. months allocated for Each Position

Specify the number of months allocated for each position listed in Column A.

Column F: Total CSBG Disc. funds budgeted for each position

The sum of Col. C plus Col. D multiplied by Col. A multiplied by Col. F= dollar amount charged to the administrative costs of the CSBG Disc. contract.

Fringe Benefits

Specify the total dollar amount of fringe benefits for staff performing administrative and/or program duties. Include all payments made in accordance with approved payroll benefit programs. This includes retirement/pension plans and various other forms of insurances related to employee compensation such as disability, life, health and unemployment. Additionally, workers' compensation, disability insurance, sick leave and accrued vacation should be included.

ATTACHMENT I
CSBG Discretionary (Disc.) BUDGET SUPPORT—PERSONNEL COSTS
CSD 627A (Rev 3/2011)

Listed below are the formulas to calculate Annualized Salary, Percentage of CSBG Time, Number of CSBG Months, and CSBG Funds:

Annualized Salary: CSBG Disc. Funds multiplied by 12 months divided by number of months divided by Percentage (%) of time.

Percentage of CSBG/Disc. Time: CSBG Disc. Funds times 12 months divided by the number of Months divided by annualized salary.

Number of Months: CSBG Disc. Funds times 12 months divided by percentage of time divided by annualized salary.

CSBG/Disc. Funds: Annualized Salary divided by 12 months multiplied by the number of months times percentage (%) of time.

CSBG Disc. Budget Support - Non-
Personnel Costs
CSD 627B

ATTACHMENT I
CSBG DISCRETIONARY (Disc.) BUDGET SUPPORT -- NON PERSONNEL COSTS

Contractor Name:	Contract Number:	Contract Amount:
Prepared By:	Contract Term:	Amendment #:
Telephone #:	Fax Number:	
Date:	E-mail Address:	

Hit Alt & Enter at the same time to begin a new line or paragraph within the cell.

EXPLAIN AND JUSTIFY EACH LINE ITEM Totals must match CSD 627 Budget Summary form Attach additional sheet(s) if necessary Missing descriptions shall result in delay of the contract execution.	CSBG DISCRETIONARY	
	Section 10 Administrative Costs	Section 20 Program Costs
List all Operating Expenses	3 sum should equal total on line item 3 of CSD 627 Budget Summary form	3 sum should equal total on line item 3 of CSD 627 Budget Summary form
List all Equipment Purchases	4 sum should equal total on line item 4 of CSD 627 Budget Summary form	4 sum should equal total on line item 4 of CSD 627 Budget Summary form
List all Out-of-State Travel: Name of conference; Specify location; Cost per trip	5 sum should equal total on line item 5 of CSD 627 Budget Summary form	5 sum should equal total on line item 5 of CSD 627 Budget Summary form
List all Subcontractor Services	6 sum should equal total on line item 6 of CSD 627 Budget Summary form	6 sum should equal total on line item 6 of CSD 627 Budget Summary form
Other Costs - Explain & Justify each line item (i - iv): Any additional Other Costs (attach additional sheet if necessary):	Section 10 Administrative Costs	Section 20 Program Cost
i		
ii		
iii		
iv		
Total Other Costs (Sum of i, ii, iii, iv):	7 sum should equal total on line item 7 of CSD 627 Budget Summary form	7 sum should equal total on line item 7 of CSD 627 Budget Summary form

INSTRUCTIONS

ATTACHMENT I

CSBG Discretionary (Disc.) BUDGET SUPPORT – NON PERSONNEL COSTS CSD 627B (Rev 3/2011)

Enter the identifying information requested at the top of the report form: contractor's name, contract number, Contract amount, contract term, and amendment number (*if applicable*). Enter the preparer's name, telephone number, fax number, date, and e-mail address.

List those costs which are directly related to the **Administrative** (Column A) and/or **Program** (Column B) of the CSBG Disc. contract. All totals must equal the budget summary CSD 627

List all Operating Expenses

Provide the total dollar amount for all administrative operating expenses related to CSBG Disc. programs. Examples of administrative operating expenses include:

- In-state travel costs
- Building costs (such as rental & lease fees)
- Consumable supply costs
- Utility costs
- Administrative operating costs (such as telephones, building alarms, maintenance, etc)
- Supply costs (such as printing, duplication, postage, etc)
- Insurance costs not related to personnel insurance costs
- Additional fees related to the administration of the CSBG Disc. Program (such as staff trainings, membership dues, costs incurred due to Board meetings, subscriptions, etc)
- Funds spent on contractor/consultant services to meet administrative needs in this area

List all Equipment Purchases Services:

Provide a detailed list of all equipment purchases; include type of equipment and the amount (e.g. computer, \$200.00).

List all Out-of-State Travel Only:

Provide detailed information for each out of state travel trip; include location, purpose of each trip, and related costs per trip (e.g., Chicago, IL, CAP Law Conference, \$1500).

List all Subcontractor Services:

List the subcontractor name and total dollar amount administered to any subcontracting agencies that provide services (e.g., Youth Employment Training Agency, \$20,000).

Other Costs

Please provide a list of all other administrative (Section 10) and program (Section 20) costs that do not fit in the above categories. Attach additional sheets if necessary.

Any additional Other Costs: List the additional other costs that do not fit in any other category.

Total Other Costs (sum of i, ii, iii, iv)

ATTACHMENT B
Discretionary Work Plan (CSD 626)
and
Instructions

Agency Name:	Agency/Project Representative:
Contract Number:	Contract Term:
Email:	Telephone Number: ()
Date:	Signature:

Work Plan

Make copies for each outcome/goal

Problem/Need to be addressed:
Projected Activities/Services to be performed:
Expected Outcome/Goal (Number _____ of _____):

Progress Report (Indicate the Report Period _____)

Activities/Services:
Status Toward Achieving Indicated Outcome/Goal:
Actual Results:

Instructions
CSD 626 Work Plan/Progress Report (Rev 3/07)

The CSD 626 work plan/progress report has two separate and distinct functions; it functions as both an initial work plan to be completed and submitted with the contract and a progress report to be submitted in conjunction with the Expenditure Report.

When Completing Work Plan:

For projects that will achieve multiple outcomes/goals, ensure that the individual outcomes/goals are listed on a separate work plan. When completing the Work Plan for the project, complete the following items:

- Problem/Need to be addressed
- Activities/ Services to be Performed (This should address the problem and support the goal)
- Expected Outcome/Goal

Problem/Need to be addressed: For each identified outcome/goal, provide a description of the specific need identified that will be addressed through the project.

Projected Activities/Services to be performed: For each identified outcome/goal, provide a description of the activities/services that will be performed in support of the outcome/goal.

When describing the activities/services that will be performed, please include the following:

- Specific number of units involved in activity/service (for example: number of flyers mailed, number of hours performing outreach, etc)
- Specific timeframes for activities/services (for example: flyers will be mailed on 5/1/07 and 7/15/07)

Expected Outcome/Goal: Describes the impact on the client/community/organization as a result of the service provided. Goals should be measurable, realistic and attainable.

When completing the outcome/goal statement, be sure to include the following:

- The specific number of clients/community members/organizations affected
- The specific outcome/goal
- The specific timeframe for completion
- The specific area/community affected

When Completing Progress Report:

When completing the Progress Report for the project, complete the following items:

- Activities/Services (performed during this reporting period)
- Status toward achieving the indicated outcome/goal
- Actual Results (to be completed when the goal has been achieved)

When you submit a Progress Report to CSD, you will utilize the completed Work Plan as the template.

Instructions
CSD 626 Work Plan/Progress Report (Rev 3/07)

Activities/Services: For each identified outcome/goal, provide a narrative outlining the activities/services completed during the reporting period. Ensure that the activities indicated in this section correspond to the Activities/Service identified in the Work Plan (Please note that the services and/or activities are a means to reaching the outcome/goal.). Include any/all information that demonstrates and justifies costs submitted on expenditure report.

Status Toward Achieving Indicated Outcome/Goal: Provide a narrative of the status towards achieving this outcome/goal. Please be specific in reporting the status of the goal/outcome (for example: To date, 41 out of 100 at risk youth have obtained a job [41%]).

Actual Results (to be completed when the goal has been achieved): For each identified outcome/goal, provide the actual results achieved during the contract term.

Example:

Work Plan

Problem/Need to be addressed:
A community needs assessment indicates that youth in the County Z are lacking formal training in job readiness and thus lack necessary skills to obtain employment.
Projected Activities/Services to be performed:
Conduct two information sessions at ABC School by 4/1/07. Mail 150 flyers to local community center and public libraries on 4/15/07 and 6/30/07. Conduct 100 interviews with youth to identify candidacy for program by 7/1/07. Ensure case management for 75 youth and track youth progress including employment (ongoing throughout project)
Expected Outcome/Goal (Number <u>1</u> of <u>1</u>):
100 at-risk youth will be enrolled in a local job training program and 60 youth will obtain employment by 12/31/2007

Progress Report (Indicate the Report Period Apr.1 – May 31)

Activities/ Services:
As of 5/15/07 – two information sessions have been held at ABC School, 100 flyers of 150 total flyers have been mailed, 61 interviews with youth have been conducted
Status Toward Achieving Indicated Outcome/Goal
45 out of 100 youth have been enrolled in a case management program and a job training program (45%). 14 out of 60 youth have obtained employment (23%)
Actual Results:
<i>Will report when goal/outcome is achieved</i>

ATTACHMENT C

Board Resolution (Sample)

**BOARD OF DIRECTORS
OF**

_____[Agency / Entity Name]_____

**TO APPLY FOR CSBG DISCRETIONARY TARGETED INITIATIVE FUNDING
THROUGH THE CALIFORNIA DEPARTMENT
OF COMMUNITY SERVICES AND DEVELOPMENT**

Upon a motion duly made, seconded and unanimously carried by a quorum of the Board of Directors of _____[AGENCY NAME]_____, be it RESOLVED:

That [Name]_____, the [Executive Director / other authorized person] of the Agency / Corporation is authorized to apply for the following on behalf of the Agency and its Board of Directors:

Community Services and Development RFA Number _____,

in the amount of \$ _____ for the targeted initiative:

_____ [project / initiative title].

The Board hereby authorizes the Executive Director to complete and execute any documents necessary for completion of the application herein described.

Dated: _____
[Print Name], Board President / Chair

Dated: _____
[Print Name], Board Treasurer

Dated: _____
[Print Name], Director

The undersigned, [Board Secretary], certifies that he/she is the duly elected Secretary of this Corporation, and that the above is a true and correct copy of the resolution that was duly adopted at a meeting of the Board of Directors held in accordance with state law and the Bylaws of the Corporation.

Dated: _____
[Print Name], Secretary of the Board

ATTACHMENT D

Certification Regarding Lobbying

EXHIBIT G



CERTIFICATION REGARDING LOBBYING

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY SUPPORT ADMINISTRATION

PROGRAM: Community Services Block Grant

PERIOD: June 1, 2011 through June 30, 2012

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Title

Signature

Agency/Organization

Date

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete the form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. Initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of Last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: _____	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name address of Lobbying Entity (if individual, last name, first, name, MI): <div style="text-align: center;">(attach Continuation Sheet(s) SF-LLL-A, if necessary)</div>		
10. b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): <div style="text-align: center;">(attach Continuation Sheet(s) SF-LLL-A, if necessary)</div>		
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: nature _____ value _____		
14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s), contacted, for Payment Indicated in Item 11: <div style="text-align: center;">(attach Continuation Sheet(s) SF-LLL-A, if necessary)</div>		
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Information requested through this form is authorized by Title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1353. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty for not less than \$10,000 and not more than \$100,000 for each such failure.		
Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____		
Federal Use Only:		Authorized for Local Reproductions Standard Form - LLL

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Approved by OMB
0348-0046

Reporting Entity: _____ Page _____ of _____

INSTRUCTION FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and ZIP Code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full name of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budgets. Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

ATTACHMENT E

2011 U.S. Department of Health and Human Services Poverty Guidelines

2011 HHS Poverty Guidelines			
Persons in Family	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$10,890	\$13,600	\$12,540
2	14,710	18,380	16,930
3	18,530	23,160	21,320
4	22,350	27,940	25,710
5	26,170	32,720	30,100
6	29,990	37,500	34,490
7	33,810	42,280	38,880
8	37,630	47,060	43,270
For each additional person, add	3,820	4,780	4,390